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March 28, 2012

TO: Each Supervisor

FROM:  Jonathan E. Fielding, M.D., M.P.H.
Director and Health Officer

SUBJECT: **WOMEN'S HEALTH POLICY SUMMIT RECOMMENDATIONS**

As an Honorary Co-Chair for the Los Angeles County Women's Health Policy Summit *Building Multicultural Women's Health: Setting an Agenda for Los Angeles*, we are pleased to share with you the attached *Executive Summary: Implementing Recommendations from the 2007 Women's Health Policy Summit*.

The Summit successfully brought together over 400 women's health leaders for a dialogue around some of today's most pressing women's health issues. By examining the intersection of key women's health issues and the social and environmental determinants of health that contribute to health disparities, priority recommendations were developed and a four year process of implementation began. The recommendations define the most essential areas to address: the promotion of health equity and improved health outcomes for women.

The Executive Summary outlines the methodology and process used in implementing those recommendations, presents highlights of achievements, and the challenges and lessons learned. The implementation of the Summit recommendations has led to the development of valuable and sustainable collaborations, the education of key stakeholders on priority issues, and the initiation of new interventions and initiatives.

We hope you will find the Executive Summary helpful in prioritizing women's health policy and funding. Please let me know if I can be of assistance in any way as we work together to improve the health status of underserved women.

JEF:jsj

Attachment

c: Chief Executive Officer
Acting County Counsel
Executive Officer, Board of Supervisors

Executive Summary

**Implementing Recommendations
from the 2007 Women's Health Policy Summit**



***Building Multicultural Women's Health:
Setting an Agenda for Los Angeles***



Office of Women's Health
February 2012

Foreword

Dear Friends and Colleagues,

It is with great respect for the tremendous work of our colleagues on behalf of vulnerable populations of women that we share with you this **Executive Summary: Implementing Recommendations from the 2007 Women's Health Policy Summit**.

The intent of the 2007 Summit was to devise strategies to begin closing the gaps in health equity with recommendations for policies, programs and initiatives for improving the health of multicultural women in Los Angeles County. By examining the intersection of key women's health issues and the social and environmental determinants of health that contribute to health disparities, priority recommendations were developed to address these areas of concern.

Changing long-established systems, whether they are local, state, or federal, is very difficult to achieve in the short term, underscoring the complex intersectional health needs of women in our communities. Although representing a time frame of three to five years for implementation, these recommendations have served to define for the long term the most essential areas to address: the promotion of health equity and improved health outcomes for women. The implementation of the Summit recommendations has led to the development of valuable and sustainable collaborations, education of key stakeholders, and the initiation of new interventions and initiatives.

As the nation struggles with equity, cultural competency, prevention, coverage, access, and affordability, we hope the Summit and the implementation of the recommendations have made a notable contribution to these efforts. By illuminating gender disparities and identifying evidence-based strategies and promising practices, the Summit implementation effort has been part of the momentum of change that will ultimately result in health equity for all women in Los Angeles County.

Sincerely,

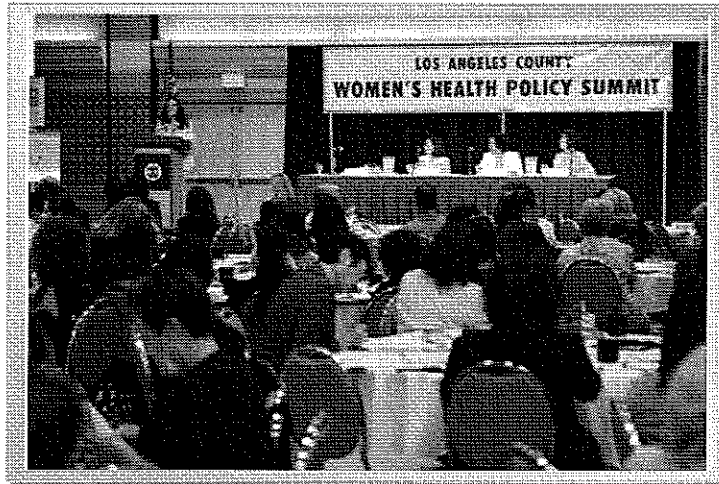


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**Implementing Recommendations
from the 2007 Women's Health Policy Summit
*Building Multicultural Women's Health:
Setting an Agenda for Los Angeles***



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Summit Implementation Funders
(Partial List)

Aetna
American Cancer Society
Aurora Las Encinas Behavioral Hospital
California Quality of Life Survey, UCLA
Center of Community Alliance for Research & Education, City of Hope
City of West Hollywood
El Dorado Community Health Services
Iris Cantor-UCLA
~Women's Health Education & Resource Center
~Executive Advisory Board
Kaiser Permanente, Southern California Region
~Community Benefit Grants Program
~So. Calif. Kaiser Permanente and United HealthCare Workers
LA Best Babies Network
L.A. Care
L.A. County Department of Public Health:
~Office of Health Assessment and Epidemiology
~Maternal, Child & Adolescent Health Programs
Latino Coalition for a Healthy California
Los Angeles County Commission for Women
Planned Parenthood Los Angeles
The California Endowment
The California Wellness Foundation
The Packard Foundation
The Women's Foundation of California
Urban Initiative for Reproductive Health
U.S. Department of Health & Human Services, Region IX
Washington Mutual
Women's Heart Institute, Cardiovascular Medical Group of So. California

Special Thank You to the

Los Angeles County Commission for Women

Funder of the Summit Implementation Executive Summary
and instrumental in the creation of the Office of Women's Health

~ Executive Summary ~

Implementing Recommendations from the 2007 Women's Health Policy Summit
Building Multicultural Women's Health: Setting an Agenda for Los Angeles

May 2007 through November 2011

Background

Los Angeles County is richly diverse but suffers from significant and costly health disparities among women of color, low-income women, and other vulnerable populations.

In May 2007, the Los Angeles County Department of Public Health's Office of Women's Health (OWH) and collaborating partners convened the Women's Health Policy Summit, *Building Multicultural Women's Health: Setting an Agenda for Los Angeles* with a vision of addressing health disparities by engaging the women's health community in identifying priority health issues and gaps in services and making recommendations on how best to improve multicultural women's health.

The Summit was developed by the Women's Health Policy Council, advisory body to the OWH, and a multicultural, multi-disciplinary planning committee of 53 county and community leaders. Honorary Chairs were Gloria Molina, First District Supervisor, and Yvonne Brathwaite Burke, then Second District Supervisor. Honorary Co-chairs included Zev Yaroslavsky, Don Knabe, and Michael Antonovich, Supervisors of the Third, Fourth, and Fifth Districts respectively, and 52 federal, state and local elected officials.

Over 400 leaders in women's health and key stakeholders attended, including representatives from community-based organizations, medical and health professions, academia, government, and funders.

Breakout Workgroups

Ten different breakout workgroups, each facilitated by 3 leaders in the field, focused on the intersections of women's health issues and the social and environmental determinants of health:

- # 1 - Healthy Aging & Social Determinants of Health
- # 2 - Reproductive Health & the Environment
- # 3 - Universal Healthcare & Women's Health
- # 4 - Adolescence & Healthy Relationships
- # 5 - Immigrant Women & Health
- # 6 - Violence & Health
- # 7 - Racism, Multiculturalism & Health
- # 8 - Healthy Lifestyle & Chronic Disease Prevention
- # 9 - Disability & Access
- #10 - Sexual Orientation & Gender Identity

Summit Workgroup participants heard topic presentations in the morning breakout session and then attended the same workgroup in the afternoon session, maximizing participant's ability to discuss and develop priority short-term recommendations.

Each workgroup developed 4-5 priority recommendations aimed at improving the health of women in Los Angeles County. An afternoon Listening Panel of policymakers, funders, and other key decision-makers responded to key recommendations from each workgroup.

Executive Report and Recommendations

In addition to serving as a forum for a dialogue among women's health leaders, the Summit was meant to act as a springboard for future work. The *Executive Report and Recommendations*, published in 2007, provides a background on the issues and represents the voices and decisions of the participants.

The report details the changes needed to increase health equity in Los Angeles County. The Executive Report is meant to be used as a roadmap for women's health stakeholders and legislators to identify issues and priorities for initiatives, funding and policymaking.

The 48 short-term policy recommendations included the need for gender-specific data collection, public and provider education, and targeted programs and initiatives.

Implementation

Recommendations that emanate from conferences are seldom implemented. For this conference, there was a commitment to make implementation a priority. Summit implementation was envisioned as a three to five year process to focus community efforts, bring together stakeholder voices to forge new coalitions and collaborations, and to make concrete progress on improving multicultural women's health.

The implementation phase of the recommendations began in the Fall of 2007 and is ongoing as newly established coalitions continue the work. Look for *Implementation Activities by Workgroup* on the OWH website: www.publichealth.lacounty.gov/owh.

Role of the OWH

The role of the OWH has been primarily one of an investigator, catalyst, and convenor. It has been our goal to foster new partnerships, support leadership in the community, and to provide leadership where there are gaps in knowledge, data, and action and where the OWH brings added value. This approach has been fundamental to the long-term commitment of our partners.

Summit Leadership Task Force (SLTF)

To develop and implement an action plan, the Office of Women's Health established the Summit Leadership Task Force, a diverse group composed of over 50 leaders representing community-based organizations, advocates, researchers, medical and health professions, and key departments of the Los Angeles County Departments of Public Health and Health Services.

The OWH, its advisory body - the Women's Health Policy Council (WHPC), and the SLTF worked together on the implementation plan and established committees to carry out the work. SLTF meetings were held quarterly. At each meeting, updates were presented on the committee work, and strategies were discussed on the best ways to move the work forward.

Summit Implementation Coordinator

The ability to build on the momentum to positively impact the health of women while reducing health disparities requires sustained attention.

Three one-year Community Benefit grants from Kaiser Permanente enabled the OWH to hire a half-time Summit Implementation Coordinator, Susan Berke Fogel, JD, to lead the SLTF and implementation efforts alongside the OWH. Ms. Fogel's long-standing relationships and reputation in the women's health advocacy community enabled the projects to move forward expeditiously.

Methodology for Implementation

In order to most effectively and efficiently address the implementation process, a strategy for prioritization was developed.

- The first step was to review the full set of Summit recommendations, identifying areas of overlap and common themes.

- Next, topic areas were researched and interviews with expert stakeholders were held to validate key issues and identify activities already in progress in L.A. County.
- Recommendations were prioritized using the following criteria:
 - Reflect a women's and/or girl's health perspective that was not adequately being addressed (utilizing a gender lens);
 - Do-able: can be accomplished within a 3-5 year timeframe;
 - Demonstrable and/or measurable impact;
 - Leveraging of resources (human and other);
 - Lending support will bring value-added and visibility to the work that others are doing to accomplish the goal;
 - L.A. County-specific;
 - Groundbreaking – can serve as a model;
 - Cross-cutting initiatives that can achieve a broader impact;
 - Reflects the diversity of women.

Overarching Themes

In reviewing the Summit recommendations, common themes and areas of overlap were identified. Nearly all of the recommendations included the need for gender-specific data and the need for community and provider education and training (both topic-related and training in cultural competency).

Implementation Committees and Workgroups

The focus of the implementation committees and working groups was to identify gaps in existing policy and service delivery, catalyze and convene key partners to devise implementation strategies to address the issues, build collaborations that work on solutions and lead to sustainability, and support partners in leveraging resources.

Working groups and committees of key stakeholders were formed for the following topics: healthy aging and the social determinants of health, reproductive health and the environment, worksite wellness, health reform, sexual orientation and gender identity, disability and access, data, and education and training.

Funding

Funds were raised for all events, publications, and materials from over 25 funders/organizations. All other expenses were in-kind.

Sustainability

Although the SLTF as an independent entity is sun-setting, the implementation of the recommendations continues. The OWH is taking the lead on the Healthy Aging for Women Collaborative and other ongoing activities such as producing relevant data reports, and organizing education and training opportunities for women's health community leaders and providers. The OWH will also monitor the feasibility of implementing recommendations currently outside the 3-5 year window, and will continue to provide in-kind support to our partners as needed.

Other organizations are taking the lead in certain areas - for instance, in reproductive health and the environment, adolescent health, violence against women, and in institutionalizing lesbian health trainings. New collaborations such as The Los Angeles Coalition for Women and Health Reform, and the L.A. County Lesbian and Bisexual Women's Health Collaborative are becoming well established.

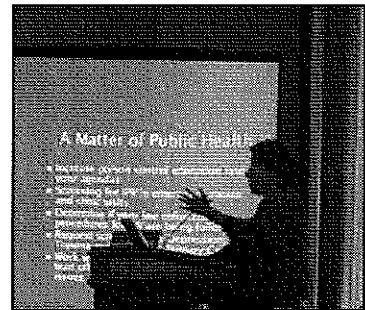
A Replicable Model

The L.A. County Summit Implementation model has won state and county awards and proven to be uniquely successful. It has attracted national attention as a model for other communities. The implementation process was presented at the Urban Initiative for Reproductive Health Conference in New York City and in a national webinar. Representatives from other cities in the U.S have since requested the Summit materials and expressed interest in replicating this work.

The Summit Implementation model of community engagement, collaboration, and achievement included:

- reviewing research and interviewing key experts;
- identifying gaps in program and policy;
- identifying key partners;
- catalyzing organizations and entities who are best able to address the issues;
- building collaborations that will lead to sustainability.

The positive response and support from the women's health community has been overwhelming. The dedicated effort and genuine, engaged collaboration of partners have made implementation efforts successful and created inroads to achieving health equity.



~ **Implementation Highlights** ~
As of November 30, 2011

Overarching

- ✦ To implement specific educational and cultural competency recommendations, 22 community dialogues have been held with an average attendance ranging from 100 to 300 key stakeholders, legislators/aides, and community leaders per event. The approximately 2,500 attendees were charged with bringing the information to their constituents.
- ✦ The OWH website is being expanded to include a range of extensive resources for local, state, and national women's health data; cultural competency education and training; healthy aging for women; and reproductive health and the environment.

Topic-related

- ✦ **Cultural Competency:** One of the first multi-institution, multi-specialty cultural competency convenings on women's health was held with 25 experts participating to discuss challenges and share resources. These extensive cultural competency resources will be available on the OWH website.
- ✦ **Data:** Based on the Summit recommendations for local gender-specific data highlighting disparities in women's health, 6 women's health data reports and briefs – the first to focus exclusively on L.A. County women – have been published and distributed to over 10,000 key stakeholders.
 - Utilizing a newly released data report, a press conference and community dialogue were held to highlight women's health disparities by ethnicity and poverty level.
- ✦ **Funder's Forum:** A presentation was given by a panel of experts to increase regional funders' awareness of pressing women's health issues in Los Angeles County and to highlight funding gaps in these areas.
- ✦ **Health Care Reform:** The Los Angeles Coalition for Women and Health Reform was established with nine collaborating county and community organizations to provide education and advocacy opportunities regarding the Affordable Care Act and how it will affect women in L.A. County. Two community dialogues have been held thus far in a continuing series on the challenges and opportunities presented by health care reform.
- ✦ **Healthy Aging:** The Los Angeles County Healthy Aging Collaborative of 32 county, city, and community organizations was formed to prepare L.A. County for the increasing population of aging women. Three community dialogues have been held to date and recommendations are being developed. Additional dialogues are being planned for 2012.

- ✦ **Lesbian Health:** The Mautner Project, a national lesbian health advocacy organization based in Washington, D.C., was engaged to hold seven CDC-approved cultural competency trainings in lesbian health, with 240 L.A. County health care professionals trained.
 - A sustainable system for ongoing training is being developed by the recently formed L.A. County Lesbian and Bisexual Women's Health Collaborative. The Iris Cantor-UCLA Women's Health Education & Resource Center and Children's Hospital Los Angeles are taking the lead in the collaborative, developing evidence-based curricula for training health care professionals in delivering culturally competent health care to lesbians and bisexual women. The foundation for the training will be based upon the outcomes of focus groups to be conducted with women of diverse ages and ethnicities.
 - The Department of Health Services' (DHS) Office of Diversity and Cultural Competency Programs has incorporated a Lesbian, Gay, Bisexual, Transgender (LGBT) module into their Culturally Responsive Health Care training curricula for all DHS employees.
- ✦ **Reproductive Health:** An ongoing joint Department of Public Health/Department of Health Services Working Group on Reproductive Health was established that includes several community-based organizations to improve systems of delivery of reproductive health services within County facilities.
- ✦ **Reproductive Health and the Environment:** A convening of reproductive and environmental health experts was held to further define key priority areas based on the Summit recommendations. The experts developed short term research, community, and policy goals on the intersection of reproductive health and the environment.
 - Priority goals were presented at a follow-up conference for women's health leaders, advocates, and decision-makers in the county.
 - Funding has been requested for implementation in priority areas.
- ✦ **Violence Against Women:** The OWH and SLTF leaders participated in planning two *Ending Violence Against Women: Making it Happen in L.A.* conferences; and co-sponsored three education and media events on human trafficking and the implications for women and their health.
- ✦ **Women with Disabilities:** The Women with Disabilities Workgroup collaborated with the American College of Obstetricians and Gynecologists (ACOG) and disability experts throughout California to develop an Ob-Gyn provider survey to assess attitudes and accessibility for women with disabilities. ACOG has distributed, aggregated, and analyzed the results to identify training needs.

Challenges and Lessons Learned

Challenge

Working with a 53-member Summit planning committee

Meetings were held in-person and via conference calls and emails. The logistical coordination, receiving timely feedback, and getting a consensus on decisions presented challenges.

Lesson

It's worth it. Voices from all arenas must be heard.

Participation and buy-in from community leaders in the beginning is essential for successful program development and implementation.

Challenge

Maintaining the momentum that was built by the Summit

In spite of the numerous demands on time.

Lessons

Have a qualified and dedicated staff person

whose only priority is implementation.

Identify Champions

who will support and foster the work.

Challenge

Minimize duplication of efforts and maximize productivity

Los Angeles County is large and diverse. Often people are working in silos on similar issues.

Lesson

One contact leads to another

Know what is already being addressed by researching and contacting leaders in the field.

L.A. County's diversity is also an opportunity to minimize duplication by bringing people together who were unaware of similar efforts in their fields. So many experts have readily offered their time and expertise and been appreciative of the opportunity to join with others in developing implementation strategies, thus maximizing productivity.

Challenge

The economic downturn and on-going funding cutbacks

The shrinking state and county budgets place additional constraints on what the already overburdened health care system is able to provide to the community.

Several working groups recommended public awareness campaigns on various health issues, which are difficult to fund. Developing new funding sources for the work has been very challenging in these economic times.

Lesson

Fund bits and pieces if necessary

Keep funders apprised of the work without always asking for money. When asking, request multiple small amounts from a variety of funders.

Leverage funding whenever possible, piggy-backing on other campaigns.

With the goal of elevating women's health in funding priorities, a Funder's Forum was held to inform, educate and inspire funders of the importance of multicultural women's health.

Challenge

Recommendations beyond the designated 3-5 year scope of time

Given the scope of the issues, some recommendations such as those relating to racism and immigrant women's health were not "short term." Changing entrenched systems, whether they are local, state, or federal, is very difficult to achieve in the short term.

Lesson

Instruct workgroup facilitators carefully on creating realistic goals on what can and cannot be completed in the short term. However, everything does not have to be done at once. *Parts* of a recommendation can be implemented. Incremental change can be effective by building momentum and contributing to an ongoing process of change.

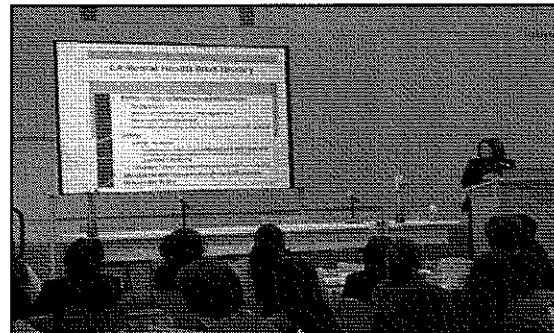
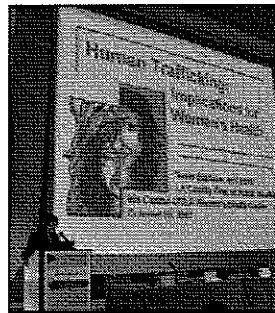
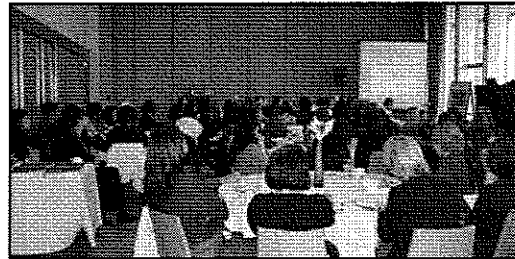
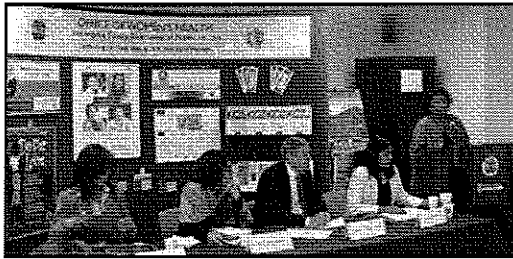
Challenge

Conference scope is too big for a small organization

Lesson

Tailor to fit

The scale of a conference and the implementation of recommendations can be tailored to fit time, funding, and personnel.



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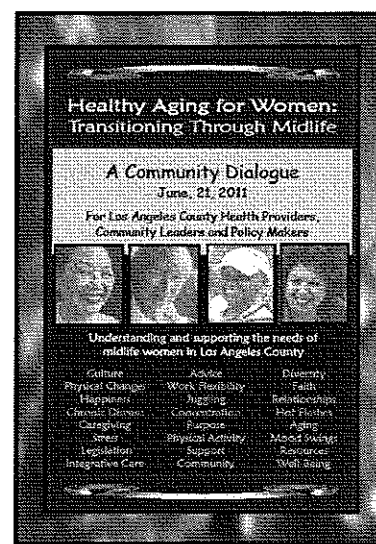
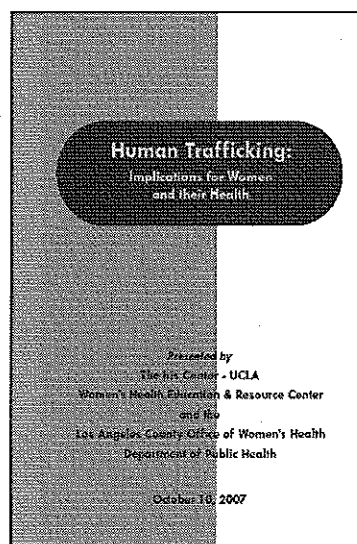
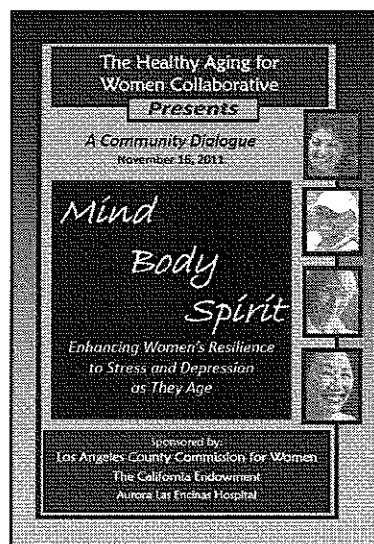
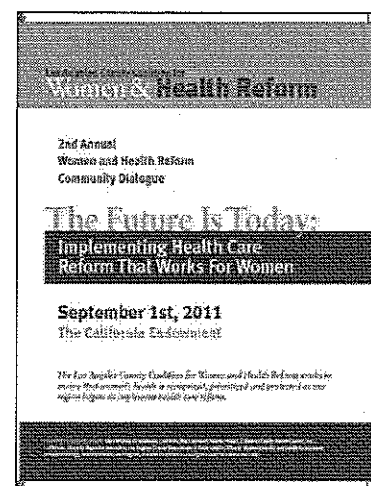
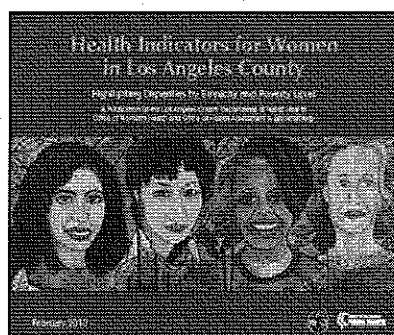
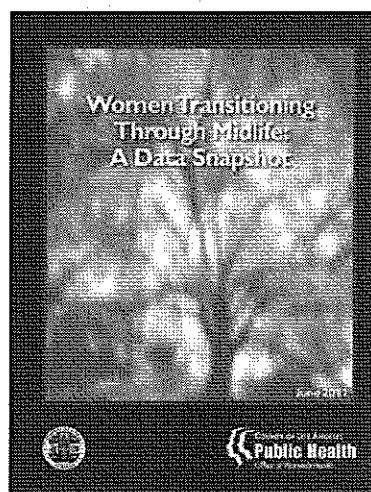
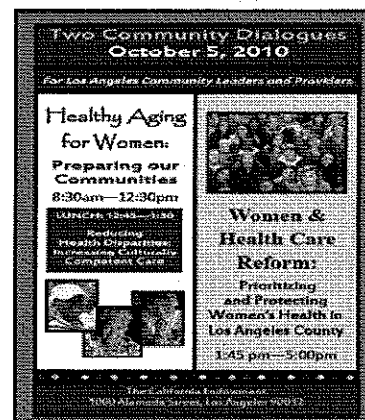
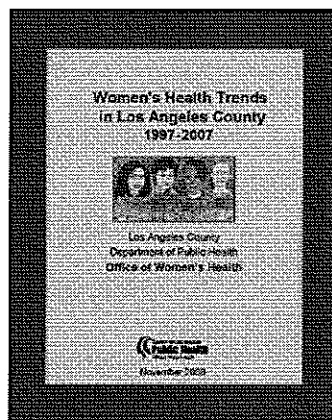
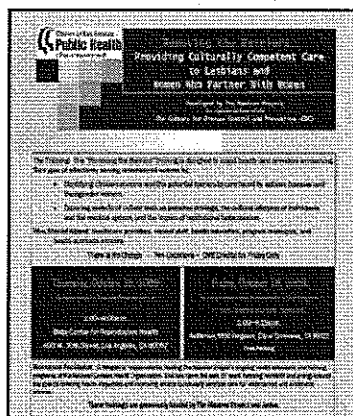
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A special Thank You to all the hardworking committee members
who make implementation possible.

Look for Implementation activities by workgroup on the OWH website:
www.publichealth.lacounty.gov/owh

A Sampling of Implementation Activities





Los Angeles County Board of Supervisors

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Mark Ridley-Thomas, *Second District*

Zev Yaroslavsky, *Third District*

Don Knabe, *Fourth District*

Michael D. Antonovich, *Fifth District*

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For additional information about the Office of Women's Health and the Summit implementation activities or to download an electronic copy, please visit www.lapublichealth.org/owh